PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10806254

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | | OTHER THAN OR SMALL ENTITY | | |
|--|---|--|----------------------------------|-------------------------------------|------------------------|-----------------------------------|-------|--------------------|------------------------|----------------|-------------------------------|------------------------|--|
| TOTAL CLAIMS | | | 3 | | | | | RATE | FEE | 7 | RATE | FEE | |
| F(| DR . | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE | 385.00 | OR | BASIC FEE | | |
| TC | OTAL CHARGE | ABLE CLAIMS | 3 minus 20= | | * · | | | X\$ 9= | | OR | X\$18= | | |
| INDEPENDENT CLAIMS | | | ಖ m | inus 3 = | * | • | | X43= | | OR | X86= | | |
| Μl | JLTIPLE DEPE | NDENT CLAIM P | RESENT | | | | | +145= | | ÖR | +290= | | |
| * If the difference in column 1 is less than zero, enter "0" in co | | | | | | column 2 | | TOTAL | 386 | OR | TOTAL | | |
| | | CLAIMS AS A (Column 1) | (Column 2) (Column 3) | | | • . | SMALL | ENTITY | OR | OTHER SMALL | | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUME PREVIO PAID F | BER . | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | * | Minus | *** | 01.4114 | = | | X43= | | OR | X86= | | |
| <u></u> | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +145= | | OR | +290= | | |
| | | | , | | • | | L | TOTAL DDIT. FEE | | OR | TOTAL ADDIT. FEE | | |
| | | (Column 1) | | (Colum | | (Column 3) | . ^ | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMB PREVIO PAID F | ER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | • | Minus | ** . | · · · | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | * NTATION OF MU | Minus | ENDENT | CI AIM | = . | | X43= | | OR | X86= | | |
| | MOTFILOL | NIATION OF NO | CIPLE DEP | ENDENT | CLAIIVI | · [_] | | +145= | | OR | +290= | | |
| | | | | | | | | TOTAL DDIT, FEE | | OR A | TOTAL ODIT. FEE | | |
| - 1 | | (Column 3) | | | | | ``. | · | | | | | |
| 3 | | CLAIMS REMAINING AFTER AMENDMENT | · | HIGHE NUMBI PREVIOL PAID F | ER JSLY | PRESENT EXTRA | | | ADDI- NONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | | Minus | *** / | | = | T | X43= | | OR | X86= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +145= | | OR | +290= | | |
| ** [1 | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." | | | | | | | | | OR L | TOTAL | | |
| 1 | f the "Highest Nu The "Highest Num | mber Previously Pai ber Previously Paid | d For" IN THIS For" (Total or | S SPACE is Independen | less thai t) is the | n 3, enter "3." highest number | | DIT. FEE | opriate box | | | | |